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281k OCT 27 AM 10: 3U FORM 1 F Coffice Usa Phy (F N TE : Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) -----GROW WV INC PO BOX 2195 ADDRESS (number and street) (Check if address is changed) **ELKINS** 26241 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .growwvpac@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) ___D____D 10 23 2014 DATE C00564716 FEC IDENTIFICATION NUMBER X AMENDED (A) IS THIS STATEMENT NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mark Scott Type or Print Name of Treasurer 2014 Signature of Treasurer Date NOTE: Submission of false, erroneoùs, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission

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